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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/435,540	11/08/1999	STEVEN R. DONOVAN	RIC99057	5356

25537 7590 09/15/2005

MCI, INC  
1133 19TH STREET NW  
WASHINGTON, DC 20036

EXAMINER
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LESNIEWSKI, VICTOR D

ART UNIT	PAPER NUMBER
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2152

DATE MAILED: 09/15/2005

Please find below and/or attached an Office communication concerning this application or proceeding.



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Serial No. : 09435540  
Applicant : STEVEN R. DONOVAN  
Filing Date : November 8, 1999  
Date Mailed : September 15, 2005

## ACKNOWLEDGEMENT OF REQUEST

### *Notice of Allowance/Allowability Mailed*

The request for a corrected notice of allowance/allowability, dated November 30, 2004, has been received by the U.S. Patent and Trademark Office. A corrected notice of allowance/allowability will not be mailed, but the Office has verified the following information, and made any necessary corrections to Office computer data:

- Applicant claims "Domestic Priority" (benefit of an earlier U.S. application pursuant to 35 U.S.C. 119(e) or 120) as shown on the attached Bibliographic Data Sheet. The claim has been entered as the first sentence(s) of the specification or provided on an Application Data Sheet.



KENJI DANDY  
For the Office of Patent Publication



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Bib Data Sheet

CONFIRMATION NO. 5356

<b>SERIAL NUMBER</b> 09/435,540	<b>FILING OR 371(c) DATE</b> 11/08/1999 <b>RULE</b>	<b>CLASS</b> 709	<b>GROUP ART UNIT</b> 2152	<b>ATTORNEY DOCKET NO.</b> RIC99057	
<b>APPLICANTS</b> STEVEN R. DONOVAN, PLANO, TX;  <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/163,913 11/05/1999  <b>** FOREIGN APPLICATIONS *****</b>  <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 11/30/1999</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 31	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 25537					
<b>TITLE</b> METHOD AND SYSTEM OF PROVIDING DIFFERENTIATED SERVICES					
<b>FILING FEE RECEIVED</b> 1160	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		